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MISSOURI SECURE AND FAIR ENFORCEMENT FOR MORTGAGE LICENSING ACT

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## APPLICATION TO OPERATE AS A RESIDENTIAL MORTGAGE LOAN BROKER

Any person, corporation, company, limited liability company, partnership or association (unless exempt as provided in Sections 443.701-893 or applicable regulations) intending to operate as a Residential Mortgage Loan Broker shall complete this application. Each new application shall be accompanied by a *non-refundable* investigation fee of \$300 and properly completed bond form. Upon completion of an investigation and final approval, a license fee of \$600 shall be paid to the Division of Finance.

Please note that fingerprint cards are now required for each individual listed on page 3 to complete applicable criminal background checks. See page 11 of this form for more information. Applications that require background investigations to be performed on more than five individuals will be assessed an additional *non-refundable* license investigation fee of \$50 for each additional individual in excess of five. The total *non-refundable* license investigation fee shall not exceed \$1,500 per application. Please determine if this application requires an additional license investigation fee by completing the following information:

**NOTE:** If any of the individuals listed on Page 3 were recently subject to a background investigation in conjunction with a mortgage loan originator application in Missouri, those individuals should be excluded from this calculation.

Line 1: Number of individuals listed on Page 3:	
Line 2: If Line 1's answer is less than 6, skip Lines 3-6 and enter \$300 on Line 7	-----
Line 3: Base number of background investigations included in license fee	5
Line 4: Subtract the number on Line 3 from the number on Line 1 and enter the result:	
Line 5: Multiply Line 4 by \$50 and enter amount in column to right.	\$
Line 6: Add \$300 to the amount calculated in Line 5 and enter on Line 7	-----
Line 7: Investigation fee required to be submitted with application (\$1,500 maximum):	\$

This form must be filed with the Division of Finance, Mortgage Licensing Section, 301 W. High Street, Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716. If you are utilizing a courier service please omit the P.O. Box and use zip code 65101.

This form is authorized by the Missouri Secure and Fair Enforcement for Mortgage Licensing Act, section 443.701, et seq. ("Act"), and by the 20 CSR 1140-30 series of regulations. Terms contained in this form shall be construed as defined at section 443.703.1.

The statements contained in the application form must be accurate as of date of execution. "N/A" should be used if a question or area is not applicable to your company.

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

1. APPLICANT/COMPANY NAME \_\_\_\_\_

HOME OFFICE ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

LICENSING CONTACT PERSON \_\_\_\_\_

CONTACT PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EXT. \_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_

CONTACT EMAIL \_\_\_\_\_ COMPANY NMLS#(if any) \_\_\_\_\_

2. LIST THE NAME OF YOUR CHIEF OPERATING OFFICER, CHIEF EXECUTIVE OFFICER, OR PRESIDENT: (if different from person listed above)

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

3. MAIN FULL SERVICE MISSOURI OFFICE (if different from home office address):

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Missouri Licensed MLO Assigned to this Office \_\_\_\_\_

4. LIST ALL ADDITIONAL MISSOURI OFFICES (use additional pages if necessary)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Missouri Licensed MLO Assigned to this Office \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Missouri Licensed MLO Assigned to this Office \_\_\_\_\_

5. FULL LEGAL NAME OF APPLICANT: (include all dba's)

6. INDICATE YOUR BUSINESS ENTITY TYPE: (Corporation, LLC, Sole Proprietorship, Partnership, etc)

7. PROVIDE US WITH A LIST OF: (for any section not applicable, indicate by notating as n/a)

DIRECTORS (Corporation)

_____	_____
_____	_____
_____	_____
_____	_____

PRINCIPAL SHAREHOLDERS (Owns/controls 10% or more of any stock)

_____	_____
_____	_____
_____	_____
_____	_____

OWNERSHIP (Sole Proprietor/Partnership, please list % of ownership for each person/entity listed)

_____	_____
_____	_____
_____	_____
_____	_____

MEMBERS (Limited Liability Company, please list % of ownership for each person/entity listed)

_____	_____
_____	_____
_____	_____
_____	_____

ANY OTHER PERSON/ENTITY THAT INFLUENCES MANAGEMENT (including executive officers)

_____	_____
_____	_____
_____	_____
_____	_____

**\*\*EACH INDIVIDUAL ABOVE MUST SIGN PAGE 11 AND COMPLETE THE ENCLOSED RESUME OR SUBMIT A SEPARATE RESUME\*\***

NOTE: Please identify individuals who were recently subject to a background investigation in conjunction with a mortgage loan originator application in Missouri and who were excluded from the investigation fee identified on Page 1 by placing an asterisk (\*) by their names above.

8. PLEASE INDICATE BELOW YOUR ACTIVITIES IN MISSOURI: (If more than one applies, please provide % for each activity.)

___ BROKERING	_____ %	___ FUNDING	_____ %
___ SERVICING	_____ %	___ PURCHASING	_____ %
___ OTHER, EXPLAIN	_____ %	_____	

9. LOCATION(S) OF BOOKS AND RECORDS OF APPLICANT:

Contact-Person \_\_\_\_\_

Contact-Phone & Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

10. LIST ALL MORTGAGE LOAN ORIGINATORS WHO ARE COMPENSATED IN ANY MANNER BY YOU OR THE APPLICANT FOR THE PERFORMANCE OF ACTIVITIES REGULATED BY THIS ACT. (Attach separate list if necessary)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NMLS Unique Identifier \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NMLS Unique Identifier \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NMLS Unique Identifier \_\_\_\_\_

11. PLEASE IDENTIFY THE LENDERS/INVESTORS WHERE APPLICATIONS/LOANS ARE BROKERED or SOLD. (Attach additional sheets if necessary)

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

12. DO YOU OWN AT LEAST 5% OR MORE OF:

	YES	NO
A TITLE COMPANY		
AN APPRAISAL COMPANY		
A REAL ESTATE COMPANY		
A CREDIT REPORT COMPANY		
A CREDIT SERVICE (credit repair) COMPANY		

If yes, please give name, address, and relationship with entity: \_\_\_\_\_

13. PRIMARY BANK INFORMATION:

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

14. IF ANY JUDGMENTS HAVE BEEN ENTERED AGAINST APPLICANT, LIST HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER:

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15. IF ANY PETITIONS FOR BANKRUPTCY IN THE PRECEDING TEN YEARS, EITHER VOLUNTARY OR INVOLUNTARY, HAVE BEEN FILED CONCERNING APPLICANT, PLEASE LIST HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER:

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16. LIST THE TITLE(S) AND CASE NUMBER(S) AND A BRIEF DESCRIPTION OF ALL PENDING LITIGATION FILED IN THE STATE OF MISSOURI INVOLVING THE APPLICANT: (Attach additional sheets if necessary)

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17. IF APPLICANT AND/OR INDIVIDUALS LISTED ON PAGE 3 HAS BEEN CONVICTED, INDICTED OR PLEADED NOLO CONTENDRE ON ANY CRIMINAL MATTER INVOLVING DISHONESTY OR BREACH OF TRUST IN ANY STATE OR FEDERAL COURT, PLEASE LIST CASE NUMBER HERE AND DESCRIBE ON A SEPARATE SHEET OF PAPER.

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18. HAS THE APPLICANT HAD BORROWINGS FROM A TITLE COMPANY OR REAL ESTATE DEVELOPER? IF SO, PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER, AND CONTACT PERSON OF ENTITY. \_\_\_\_\_

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19. LIST ALL OTHER BUSINESS LICENSES (MISSOURI or other states) CURRENTLY HELD BY THE APPLICANT AND/OR INDIVIDUALS LISTED ON PAGE 3 (use additional pages if necessary):

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20. LIST ALL LICENSES WHICH THE APPLICANT AND/OR INDIVIDUALS LISTED ON PAGE 3 HAS APPLIED FOR AND BEEN DENIED AND/OR ANY AND ALL LICENSES ISSUED WHICH WERE SUBSEQUENTLY SUSPENDED OR REVOKED:

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21. LIST ALL STATES IN WHICH THE APPLICANT IS LICENSED TO ENGAGE IN OR ARE ENGAGED IN RESIDENTIAL MORTGAGE LOAN BROKER, LENDING, OR SERVICING ACTIVITY.

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22. WITHIN THE LAST THREE YEARS, HAS THE APPLICANT REPURCHASED ANY LOANS IT FUNDED OR BROKERED?

IF YES, FROM WHOM REPURCHASED?: \_\_\_\_\_

WHEN? \_\_\_\_\_ HOW MUCH? (\$) \_\_\_\_\_ HOW MANY LOANS? \_\_\_\_\_

23. PLEASE ATTACH A COPY OF YOUR ARTICLES OF INCORPORATION/ORGANIZATION, OPERATING AGREEMENT, TRUST AGREEMENT, ETC.

24. PLEASE ATTACH A COPY OF YOUR FICTITIOUS NAME REGISTRATION FROM THE SECRETARY OF STATE'S OFFICE (if applicable)

25. IS THE APPLICANT OR ANY OF THE APPLICANT'S MEMBERS, DIRECTORS OR PRINCIPALS AT LEAST 18 YEARS OF AGE AS REQUIRED BY SECTION 443.825 RSMo?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE PROVIDE NAMES: \_\_\_\_\_



## APPLICANT AVERMENT

UNDER PENALTY OF PERJURY, I (WE) STATE THAT ALL OF THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND FURTHER STATE THAT AS THE APPLICANT/LICENSEE:

- (a) Will maintain at least one full-service office within the state of Missouri as provided in section 443.857;
- (b) Will maintain staff reasonably adequate to meet the requirements of section 443.857;
- (c) Will keep for thirty-six months the same written records as required by the federal Equal Credit Opportunity Act, 15 U.S.C. 1691, et seq., and any other information required by rules of the director;
- (d) Will timely file any report required pursuant to sections 443.701 to 443.893;
- (e) Will not engage, whether as principal or agent, in the practice of rejecting residential mortgage applications or varying terms or application procedures without reasonable cause, on real estate within any specific geographic area from the terms or procedures generally provided by the residential mortgage loan broker within other geographic areas of the state;
- (f) Will not engage in fraudulent home mortgage underwriting practices;
- (g) Will not make payments for the purpose of improperly influencing the independent judgment of an appraiser;
- (h) Has filed state and federal tax returns for the past three years or filed a statement with the director as to why no return was filed;
- (i) Will not engage in any activities prohibited by section 443.863;
- (j) Will not knowingly misrepresent, circumvent or conceal any material particulars regarding a transaction to which the applicant is a party;
- (k) Will disburse funds in accordance with the applicant's agreements through a licensed and bonded disbursing agent or licensed real estate broker;
- (l) Has not committed any crime against the laws of this state, or any other state or of the United States, involving moral turpitude, fraudulent or dishonest dealings and that no final judgment has been entered against the applicant in a civil action on grounds of fraud, misrepresentation or deceit which has not been previously reported to the director;
- (m) Will account for and deliver to any person any property as agreed or required by law, or, upon demand of the person entitled to such accounting and delivery;
- (n) Has not engaged in any conduct which would be cause for denial of a license;
- (o) Has not become insolvent;
- (p) Has not submitted an application which contains a material misstatement;
- (q) Has not demonstrated negligence or incompetence in the performance of any activity required to hold a license under sections 443.701 to 443.893;
- (r) Will advise the director in writing of any changes to the information submitted on the most recent application for license within forty-five days of such change. The written notice must be signed in the same form as the application for the license being amended;
- (s) Will comply with the provisions of sections 443.701 to 443.893, or with any lawful order or rule made thereunder;
- (t) Will submit to periodic examinations by the director as required by sections 443.701 to 443.893;
- (u) Will advise the director in writing of any judgments entered against, and bankruptcy petitions by, the license applicant within five days of the occurrence of the judgment or petition; and
- (v) Will implement appropriate systems of supervision, management, and control to assure that each employee engaged in the activities of a mortgage loan originator does so in compliance with sections 443.701 to 443.893, and will promptly report any detected violations or apparent violations to the director within thirty days of detection.

## APPLICANT AVERMENT

SIGNATURE(S) OF PERSON(S) REQUIRED TO EXECUTE THIS APPLICATION FORM:

ALL DIRECTORS (corporations), MEMBERS (limited liability companies), AND/OR OWNERSHIP (proprietors/partners)

1) Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2) Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

3) Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

4) Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

5) Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURES MUST BE NOTARIZED.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## ACCESS TO CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION

I hereby authorize the Commissioner of Finance to conduct a financial and business responsibility background check, including a check of criminal records, as may be required. This form must be signed by all directors, principal shareholders, partners, members, proprietors, and by anyone who influences management (including officers).

Pursuant to section 7 of the Privacy Act of 1974, 5 U.S.C 552a, you are hereby advised that disclosure of your social security number is mandatory under sections 443.821 and 443.825 RSMo. The social security number will be used in our background investigation of an individual's criminal history and financial background.

1) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

_____	_____	_____
Signature	Date	Title

2) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

_____	_____	_____
Signature	Date	Title

3) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

_____	_____	_____
Signature	Date	Title

4) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

_____	_____	_____
Signature	Date	Title

5) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

_____	_____	_____
Signature	Date	Title

**EACH REQUIRED SIGNATORY ON THIS PAGE MUST SUBMIT TWO SETS OF FINGERPRINT CARDS. INDIVIDUALS ARE REQUIRED TO OBTAIN THE FINGERPRINTS BY VISITING A LOCAL, COUNTY OR STATE LAW ENFORCEMENT AGENCY AND REQUEST TO BE FINGERPRINTED ON THE STANDARD FINGERPRINT CARD CURRENTLY IN USE FOR FBI RECORD CHECKS. INDIVIDUALS WILL PAY ANY FEE REQUIRED BY THE LAW ENFORCEMENT AGENCY FOR THIS SERVICE. THE SAME INDIVIDUALS MUST COMPLETE THE MISSOURI HIGHWAY PATROL FORM "REQUEST FOR CRIMINAL RECORD CHECK" ON THE NEXT PAGE.**

# REQUEST FOR CRIMINAL RECORD CHECK

Reference No. \_\_\_\_\_  
(office use only)

SHP-158D 9/93 - Please print or type.

Name (last, first, middle) \_\_\_\_\_

(maiden/alias) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex: ☐ male ☐ female Race \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.*

## PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment

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Licensing Other (specify) \_\_\_\_\_

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SEND REPLY TO

\_\_\_\_\_

DIVISION OF FINANCE

\_\_\_\_\_

P.O. BOX 716

\_\_\_\_\_

JEFFERSON CITY, MO 65102

\_\_\_\_\_

Telephone (include area code) (573) 751-4243

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Missouri State Highway Patrol  
Criminal Records and Identification Division  
Post Office Box 568  
Jefferson City, MO 65102

## Company Bond Form Instructions

- Bond form shall be completed in its entirety, not contain blank spaces, signed by at least one company authorized individual, and signed by the attorney in fact.
- Please list the appropriate bond amount. Applicants for new licenses are required to post a bond amount of at least \$50,000. The required bond amount may increase annually. The current surety bond schedule can be found here: <http://finance.mo.gov/mortgage/SuretyBondSchedule.php>
- The address listed in the first paragraph should be the applicant's home office address.
- The address listed in the second paragraph should be that of your main Missouri full service office. If this address is the same as the one listed in paragraph one it needs to be listed again. If you are a servicer exempt from the Missouri full service office requirement under Section 443.857 RSMo, please list your home office address again in paragraph two.
- Original bond form and original power of attorney form shall be the versions submitted with your application. Copies of the originals will not be accepted.

# MISSOURI RESIDENTIAL MORTGAGE LOAN BROKER BOND

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_  
of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,  
as obligor and principal, and \_\_\_\_\_, as surety, are held and firmly  
bound unto the Commissioner of Finance for the State of Missouri in the penal sum of \$\_\_\_\_\_ for the use  
of the Commissioner and of any person or persons who may have a claim against the said obligor on behalf of  
any borrower sustaining injury arising out of the supervised business described in sections 443.701 - 443.893  
RSMo Supp. (2009), and amendments thereto, for payment of which, well and truly to be made, we jointly and  
severally bind ourselves, our heirs, executors, administrators, assigns, and successors firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH, That, Whereas, the above-named  
obligor and principal has applied for a License to conduct a business at  
\_\_\_\_\_ in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, under the provisions of sections 443.701 - 443.893 RSMo Supp. (2009).

NOW, the condition of the foregoing obligation is such that if the obligor and agents will faithfully conform  
to and abide by the provisions of this statute and will honestly and faithfully apply all funds received and perform  
all obligations and undertakings under the aforesaid statute and will pay to the State and to any person all  
money that becomes due and owing to the Commissioner or to such person under the provisions of the  
aforesaid statute, then this obligation to be void; otherwise to remain in full force and effect.

This obligation shall be deemed automatically renewed on an annual basis absent notice otherwise. If  
the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein by  
filing with the Commissioner of Finance of the State of Missouri a sixty (60) days written notice and shall not be  
discharged from any liability already accrued under this bond or which shall accrue herein before the expiration  
of said sixty (60) day period. Further, in no event shall the aggregate liability of the surety exceed the penal  
sum specified herein.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_, day of \_\_\_\_\_,  
20\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_.

(CORPORATE SEAL)

\_\_\_\_\_  
Principal (Seal)

By \_\_\_\_\_ (Seal)

ATTEST:

By \_\_\_\_\_ (Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Secretary

By \_\_\_\_\_ (Seal)

Attorney in Fact

(CORPORATE SEAL)

\_\_\_\_\_  
Address of Surety

## RESUME

NAME:	DATE OF BIRTH:
HOME ADDRESS (City, State, Zip Code, Phone #)	PLACE OF BIRTH:
	PERCENT OWNED IN MORTGAGE BROKER COMPANY APPLYING FOR LICENSE:
BUSINESS ADDRESS (City, State, Zip Code)	LENGTH OF RESIDENCE IN COMMUNITY:
Social Security Number or assigned Internal Revenue Identification Number:	Trade names and/or other names used in place of given name:
List principal civic, professional, social, or other organizations in which you have membership:	

### Résumé of Education:

Have you ever been adjudged a bankrupt or had to work out a compromise with your creditors? \_\_\_\_ Yes \_\_\_\_ No If "Yes," give details in the following schedule.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition

Are you involved as defendant or plaintiff in any civil litigation? \_\_\_\_ Yes \_\_\_\_ No If "Yes," give details in the following schedule.

Title and Nature of Lawsuit or Proceeding	Date	Name and Address of Court Where Pending	Amount

Have you ever been indicted or pleaded nolo contendere to any criminal matter involving dishonesty or breach of trust in any State or Federal Court? \_\_\_\_ Yes \_\_\_\_ No If "Yes," give details in the following schedule.

Nature of Charge	Date	Jurisdiction & Location	Disposition

### EMPLOYMENT RECORD (Include present and all past employment)

From	<u>Date</u>	To	Name, Location and Type of Business	Position Held and Nature of Duties

### BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

### CERTIFICATE

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Division of Finance for its confidential use. I understand, however, that notwithstanding the foregoing, the Division of Finance may release all or part of the information furnished herein where such release is made in connection with the investigation of a possible violation of any Federal or State statute (or where such release is determined to be in the best interests of the Division of Finance and consistent with the public interest and applicable law).

Signature \_\_\_\_\_ Date signed \_\_\_\_\_